Allocations for certain diseases

†4839. PROF. R.B.S. VARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the quantum of amount allocated for the preventive programmes of diseases like malaria, kala-azar and dengue under the Ninth Five Year Plan;

(b) whether the allocation made during the plan period is not sufficient for the purpose;

(c) if so, whether provisions have been made by Govemment to increase the allocation during the Tenth Five Year PIan; and

(d) if so, the details of the allocation, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) During the Ninth Five Year Plan an outlay of Rs. 1030 crores was allocated for implementation of National Anti Malaria Programme, kala-azar, filaria, dengue and World Bank assisted Malaria Control Project.

(b) The allocations are made on the basis of technical requirements, operational feasibility of the programme and approved norms.

(c) Keeping in view the escalation in prices and extension of programme in the States, increased funds have been proposed in the Tenth Five Year Plan.

(d) State-wise allocation for Tenth Five Year Plan has not yet been finalized.

Constitution of a new Ministry for ISM

4840. SHRIMATI S.G. INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to constitute a new Ministry of Indian Systems of Medicine;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) There is already a separate

†Original notice of the question was received in Hindi.

Deptt, of ISM&H. There is no proposal to constitute a separate Ministry of Indian Systems of Medicine and Homoeopathy. The Deptt, can achieve functionally what a separate Ministry will be able to achieve.

Separate cadre for primary service doctors

4841. SHRI S.S. CHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Govemment are aware of the inadequacy of doctors in the rural areas;

(b) whether Govemment would consider creating a separate cadre of primary service doctors to serve in rural areas; and

(c) the steps taken by Govemment to improve medical facilities in the rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a)Though there are no major shortages in the aggregate numbers of doctors graduating as against requirement. However, it is true that very few qualified doctors reside permanently in rural and remote areas. Hence, the availability of doctors even in primary health centres is low in some regions and States.

Govemment is aware of these gaps and shortages in the availability of doctors in the primary health infrastructure. This is mainly because trained health care providers are generally reluctant to serve in far-flung remote rural areas, on account of a lack of family support systems, facilities for education of children etc.

(b) The issue of this disparity in distribution of doctors in different regions has been in deliberated in the meetings of the Central Council of Health and Family Welfare in October, 1995 and January, 1997. It was resolved that specific measures may be taken to meet the shortages of doctors in rural areas even by introducing compulsory rural service for doctors.

These resolutions were forwarded to Medical Council of India (MCI) which suggested that State Govemment must take steps to meet this shortage. Some States have made compulsory , the posting of doctors in rural areas, immediately after initial appointment. Though recruitment and postings of health personnel in health care institutions, is the responsibility of respective